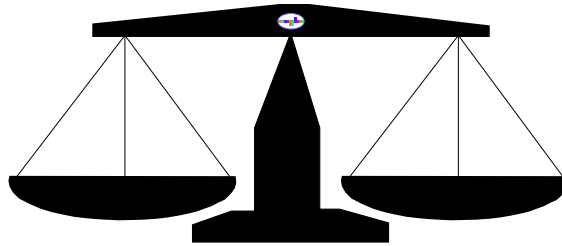


**NAME OF APPLICANT:** \_\_\_\_\_  
(Please Print)



**SOUTHERN UTE INDIAN TRIBE**  
**Tribal Law Enforcement Employment Application**

All applicants seeking employment with the Southern Ute Indian Tribe in any law enforcement capacity that requires peace officer or detention certification is required to complete this Employment Application.

**NOTE TO APPLICANT:**

All applicants shall be subject to an extensive background investigation and verification of the validity and content of the answers given herein.

**INSTRUCTIONS:**

1. Answer all questions completely. If a question is not applicable, write “NA”. Write “unknown” only if you do not know the answer and cannot obtain the answer from records.
2. Type, print or write legibly. Illegible or incomplete applications will not receive consideration. It is imperative that all information is accurate and current. Information regarding names, addresses and references must be correct in order to process this application.
3. Responses more lengthy than space provided should be continued on an attached supplemental sheet.

.....  
**PLEASE READ CAREFULLY**  
.....

**False or Misleading Statements or Omissions**

You are advised that this Employment Application Form is an official document. Any false or misleading information or omission from this application will be sufficient grounds for rejection of your application or termination of your employment.

# **APPLICATION**

\_\_\_\_\_  
Position Applied For

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(last) (first) (middle) (month/day/yr)

Other names used (maiden, nickname, alias): \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
(Area Code)(Number) (Area Code)(Number)

U.S. Citizen Yes \_\_\_ No \_\_\_ Place of Birth \_\_\_\_\_  
(city/state/country if other than US)

Are you an enrolled member of the Southern Ute Indian Tribe? Yes \_\_\_ No \_\_\_

Are you an American Indian Spouse of an enrolled member of the Southern Ute Indian Tribe?  
Yes \_\_\_ No \_\_\_

Are you an enrolled American Indian? Yes \_\_\_ No \_\_\_ If yes, Name of Tribe: \_\_\_\_\_  
Census Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Driver's License State of Issue \_\_\_\_\_ Driver's License Date of Issue \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

## **Personal History**

Marital Status \_\_\_\_\_

If Married (as applicable):

Wife's Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Husband's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Occupation and Employer \_\_\_\_\_

\_\_\_\_\_  
(name of company/address/city/state/zip)

If Divorced or Separated:

Former Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Former Spouse's Current Address \_\_\_\_\_  
(street no./street/city/state/zip)

Children's Names	Age	Address	Date of Birth
_____			
_____			
_____			

Are you paying child support? Yes \_\_\_ No \_\_\_ If yes, are you current in your payments?  
Yes \_\_\_ No \_\_\_ If no, please provide an explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Addresses for the Last Five Years

Current Address \_\_\_\_\_  
(street) (city) (state) (zip)

From \_\_\_\_\_ Check one: Rent \_\_\_\_\_ Own \_\_\_\_\_  
(date)

If Rented, Landlord \_\_\_\_\_  
(name) (address/city/state/zip) (phone)

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

From \_\_\_\_\_ to \_\_\_\_\_ Check one: Rent \_\_\_\_\_ Own \_\_\_\_\_  
(date) (date)

If Rented, Landlord \_\_\_\_\_  
(name) (address/city/state/zip)

Landlord's Phone Number \_\_\_\_\_

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

From \_\_\_\_\_ to \_\_\_\_\_ Check one: Rent \_\_\_\_\_ Own \_\_\_\_\_  
(date) (date)

If Rented, Landlord \_\_\_\_\_  
(name) (address/city/state/zip)

Landlord's Phone Number \_\_\_\_\_

**Educational Background**

Type of School	Name and Location	How Many Years Attended	Graduated Y/N	Course/Major
----------------	-------------------	-------------------------	---------------	--------------

Elementary or Grade \_\_\_\_\_

Junior or Mid School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Post Graduate \_\_\_\_\_

Business/Trade \_\_\_\_\_

Other (*Please list computer programs you are familiar with*)

\_\_\_\_\_

**Licenses and Certificates (including Law Enforcement certification)**

Please list any special license or certificate you have which is required or pertains to the position for which you are applying:

\_\_\_\_\_

(license type)	(state/agency of issuance)	(number)	(expiration)
----------------	----------------------------	----------	--------------

\_\_\_\_\_

(license type)	(state/agency of issuance)	(number)	(expiration)
----------------	----------------------------	----------	--------------



**General History**

Are you acquainted with any employees of the Southern Ute Department of Justice? Yes\_\_\_  
No\_\_\_ If yes, please list their names \_\_\_\_\_

Do you have any relatives who are currently employed by the Southern Ute Department of  
Justice? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, list their names and relationship to you \_\_\_\_\_

What is your primary employment goal? \_\_\_\_\_

**Character History**

Have you ever been treated for mental illness? Yes\_\_\_ No\_\_\_ If yes, give dates of treatment  
and explain. \_\_\_\_\_

Have you ever intentionally caused physical injury to another person? Yes\_\_\_ No\_\_\_ If yes,  
please explain. \_\_\_\_\_

Have you ever stolen anything from an employer? Yes\_\_\_ No\_\_\_ If yes, please explain. \_\_\_\_

Have you ever been arrested, served with a criminal summons or charged with a criminal offense  
in any other manner? You must include ALL arrests and charges since the age of 18. You must  
include ALL offenses, regardless of class of crime (felonies, misdemeanors and petty offenses).  
You must include serious traffic offenses, such as driving under the influence of alcohol or drugs,  
reckless driving, hit and run, etc., and any other traffic offense that resulted in the suspension or  
revocation of your driver's license. Yes\_\_\_ No\_\_\_ If yes, list the arresting agency, date,  
charges, disposition and the circumstances. If you received a deferred judgment or sentence, or  
probation, you must include the terms and conditions imposed and the date that you were  
discharged or released from supervision.

Are you now or have you ever been subject to any type of restraining order, including **bond  
conditions of no contact, temporary restraining orders, and restraining orders resulting from  
domestic violence**? Yes\_\_\_\_\_ No\_\_\_\_\_.

If yes, list the court that issued the order, the date of the order, the case number in which the order  
was issued, whether the restraining order has been dismissed, and describe the circumstances that  
led to the issuance of the order.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used any illegal drugs such as marijuana, amphetamines, depressants, cocaine, etc? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you associate with anyone who uses illegal drugs or narcotics? Yes \_\_\_ No \_\_\_\_\_. If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you drink alcoholic beverages? Yes \_\_\_ No \_\_\_\_\_. If yes, to what extent? Daily \_\_\_\_, Weekly \_\_\_\_, Average number of drinks per week \_\_\_\_\_.

Have you ever received treatment in a substance abuse or alcohol treatment program? Yes \_\_\_ No \_\_\_\_\_. If yes, give name and address of the facility and date(s) of treatment.

\_\_\_\_\_

Have you been involved in a traffic accident or been issued a moving traffic citation in the past five (5) years? Yes \_\_\_ No \_\_\_\_\_. If yes, please explain and give the approximate date(s) and location(s).

\_\_\_\_\_

Have you ever taken a polygraph examination? Yes \_\_\_ No \_\_\_\_\_. If yes, please indicate the date and the name and address of the examining agency. \_\_\_\_\_

\_\_\_\_\_

**Disciplinary Actions**

Have you ever been subject to a disciplinary action or an internal affairs investigation? If yes, please explain date, employer and brief details of the circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

This portion must be accurate and complete. It is the first screening device in the examination process. This application is used only to determine if you meet the minimum qualifications. A resume will not be accepted in place of the application. Applications lacking sufficient information will be rejected. List your employment history starting with the most recent job, including part-time, self-employment, temporary and volunteer jobs. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing duties. If you need more space, attach a separate sheet of paper using the same format.

Employer/ Type of Business	Telephone
Street Address	
City	State Zip Code
Your Title	

Dates of Employment From ___/___/___ To ___/___/___	Supervisor:
(name & title)	

Salary/wages \$ _____ hr ___ week ___ month	Number You Supervised _____
---	-----------------------------

List Specific Duties:
_____
_____
_____
_____

Reason for Leaving
--------------------

Employer/ Type of Business	Telephone
Street Address	
City	State Zip Code
Your Title	

Dates of Employment From ___/___/___ To ___/___/___	Supervisor:
(name & title)	

Salary/wages \$ _____ hr ___ week ___ month	Number You Supervised _____
---	-----------------------------

List Specific Duties:
_____
_____
_____
_____

Reason for Leaving
--------------------

Employer/ Type of Business	Telephone
Street Address	
City	State Zip Code
Your Title	

Dates of Employment From ___/___/___ To ___/___/___	Supervisor:
	(name & title)

Salary/wages \$ _____ hr ___ week ___ month	Number You Supervised _____
---	-----------------------------

List Specific Duties:
_____
_____
_____
_____

Reason for Leaving
--------------------

Employer/ Type of Business	Telephone
Street Address	
City	State Zip Code
Your Title	

Dates of Employment From ___/___/___ To ___/___/___	Supervisor:
	(name & title)

Salary/wages \$ _____ hr ___ week ___ month	Number You Supervised _____
---	-----------------------------

List Specific Duties:
_____
_____
_____
_____

Reason for Leaving
--------------------

Employer/ Type of Business	Telephone
Street Address	
City	State Zip Code
Your Title	

Dates of Employment From ___/___/___ To ___/___/___	Supervisor:
	(name & title)

Salary/wages \$ _____ hr ___ week ___ month	Number You Supervised _____
---	-----------------------------

List Specific Duties:
_____
_____
_____
_____

Reason for Leaving
--------------------

**Personal References**

Do not include former employers or relatives.

Name and Occupation	Address	Phone Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## **ACKNOWLEDGEMENTS**

As an employee of The Southern Ute Tribe (Tribe), I understand that neither this document nor any offer of the employment from the tribe constitutes an employment contract unless a specific document to that effect is executed by the employee in writing and approved by the Tribal Council.

I understand that my failure to complete or sign the Application for Employment will disqualify me from consideration for employment.

I understand that the Tribe reserves the right to interview applicants in order to obtain further clarification on education, experience, knowledge, and skills to determine whether the applicant meets the minimum qualifications of the position. Granting an interview neither confirms an applicant meets the minimum qualifications of the position nor assures employment.

I understand that if hired, the Tribe has the right to search desks, lockers, handbags, briefcases, personal belongings, or vehicles brought onto company premises.

I understand that if hired, benefits, rules and policies of the Tribe may be changed, modified, eliminated, or added at any time at the Tribe's sole discretion and without prior notice.

I acknowledge the information I have supplied is correct to the best of my knowledge and understanding that any falsifications, omissions, misrepresentations, or misstatements of information or fact may be grounds for rejection of my Application for Employment or dismissal from subsequent employment

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

**Note:** UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

**APPLICANT'S PRE-EMPLOYMENT WAIVER**  
**AND**  
**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for employment with the Southern Ute Indian Tribe as a law enforcement officer, I, \_\_\_\_\_, do hereby give my permission for an authorized  
(printed name of applicant)  
agent of the Southern Ute Indian Tribe to investigate my employment history, including access to any and all personnel files from present and past employers and to investigate my personal history and/or personal references.

I also hereby authorize the Southern Ute Police Department, the Federal Bureau of Investigation and the Colorado Bureau of Investigation to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information to these listed investigatory agencies, are hereby authorized to provide such information.

I understand that the Southern Ute Indian Tribe may conduct a complete and comprehensive investigation to determine the accuracy of all information provided. However, the Southern Ute Indian Tribe and employees of the Southern Ute Indian Tribe, the Federal Government and the State of Colorado shall not be held liable for inaccurate information.

I hereby authorize and request each and every former employer, educational institution, or other entity or person to answer any and all questions that may be asked. I hereby release them from liability and hold such persons harmless for giving any and all information within their knowledge or records.

NOTE: This waiver and authorization to release information must be signed before a Notary Public.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**RELEASE FOR MILITARY RECORDS**

Applicant: \_\_\_\_\_  
(last name) (first name) (middle name)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Military Serial Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ Personnel Center of the  
(branch of service)  
National Personnel Records Center to release the following information to the Southern Ute  
Indian Tribe, P.O. Box 737, Ignacio, CO 81137 or their authorized agent, US Datalink, Inc.

1. Information and/or photocopies from my military personnel records and related medical records.
2. Any drug or alcohol information.
3. An undeleted DD Form 214 including reenlistment code.
4. The type and reason of discharge.
5. All criminal misconduct information.
6. Any derogatory or disciplinary information contained in my records.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# **SOUTHERN UTE INDIAN TRIBE**

## **CONSENT AND RELEASE FOR DRUG/ALCOHOL TESTING**

I understand the Southern Ute Indian Tribe's Drug-Free Workplace Policy, and agree to be bound thereby for purposes of applying for, and, if offered, accepting employment with the Tribe.

Specifically, I understand and agree to undergo substance (drug and alcohol) screening of my blood, urine, or breath for purposes of assuming employment. I further understand and agree that, once employed, upon reasonable suspicion, on a random basis, or if I am involved in an accident or safety incident, I will be subject to further substance screening or face disciplinary consequences, up to and including loss of employment. I hereby authorize any Southern Ute Indian Tribal designated physician, laboratory, hospital, medical professional, or other professional certified to perform such screening, to conduct the appropriate screening and provide the results thereof to the Tribe.

I further release and provide consent that physicians, laboratories, hospitals, medical professionals, or other professionals may provide to the Tribe any information regarding medical or professional authorization for prescription drugs which may effect or impact test results.

I release any such designated institution or person from liability for such disclosure.

I also understand and agree that, once employed, certain areas, such as my work area, desk, files, any Tribal motor vehicle, my personal car, lunch box, wallet or purse, outer clothing, work area, etc., may be subject to search on suspicion of substance possession, depending upon the circumstances, as set forth in the policy.

---

Signature

---

Date

## Consent for Release of Information Driver's License

The position you are applying for requires possession of or the ability to obtain a valid Colorado driver's license before starting work to establish insurability through the Tribal Vehicle Insurance Policy. Please complete the following:

I, \_\_\_\_\_, hereby give my consent for release of information to have a Motor Vehicle Record check run on my driver's license to insure, if hired by the Southern Ute Indian Tribe for employment, I am insurable for operation of Tribal vehicles by the Tribe's insurance company. (Attach a legible copy of the applicant's driver's license)

---

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My Driver's License # is: \_\_\_\_\_ State of issue: \_\_\_\_\_

My Social Security # is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Department

\_\_\_\_\_  
Date

---

---

Ordered by: \_\_\_\_\_

Date: \_\_\_\_\_

Results:  
\_\_\_\_\_  
\_\_\_\_\_

Revised 9/26/00